

Application Data Sheet**Application Information**

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| Application Type:: | Regular |
| Subject Matter:: | Utility |
| CD-ROM or CD-R: | None |
| Title:: | SLIP PRINTING SYSTEM |
| Attorney Docket Number:: | 118417 |
| Total Drawing Sheets:: | 8 |
| Small Entity:: | No |

Applicant Information

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|-------------------------------|---------------|
| Applicant Authority type:: | Inventor |
| Primary Citizenship Country:: | Japan |
| Status:: | Full Capacity |
| Given Name:: | Tsuyoshi |
| Family Name:: | YAMAMOTO |
| City of Residence:: | Nagoya-shi |
| Country of Residence:: | Japan |

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|-------------------------------|---------------|
| Applicant Authority type:: | Inventor |
| Primary Citizenship Country:: | Japan |
| Status:: | Full Capacity |
| Given Name:: | Eiichi |
| Family Name:: | ITO |
| City of Residence:: | Nagoya-shi |
| Country of Residence:: | Japan |

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|-------------------------------|---------------|
| Applicant Authority type:: | Inventor |
| Primary Citizenship Country:: | Japan |
| Status:: | Full Capacity |
| Given Name:: | Takaaki |

Family Name:: KATO
City of Residence:: Nagoya-shi
Country of Residence:: Japan

Applicant Authority type:: Inventor
Primary Citizenship Country:: Japan
Status:: Full Capacity
Given Name:: Takashi
Family Name:: MORITA
City of Residence:: Nagoya-shi
Country of Residence:: Japan

Correspondence Information

Correspondence Customer Number:: 25944

| Foreign Priority Information | | | |
|-----------------------------------------------------------|----------------------|---------------|--------------------|
| Country:: | Application Number:: | Filing Date:: | Priority Claimed:: |
| Japan | 2003-089778 | 03/28/2003 | Yes |
| Assignee Information | | | |
| Assignee Name:: BROTHER KOGYO KABUSHIKI KAISHA | | | |
| Street of mailing address:: 15-1, Naeshiro-cho, Mizuho-ku | | | |
| City of mailing address:: Nagoya-shi | | | |
| State or Province of mailing address:: Aichi-ken | | | |
| Country of mailing address:: Japan | | | |
| Postal or Zip Code of mailing address:: 467-8561 | | | |